



# University of the Nations LifeReach Campus Application

LifeReach Campus

## General Application

Please complete all questions on the forms. You may write N/A, if a question is Not Applicable to you.  
Print clearly in ink and use a separate sheet of paper as needed.

<b>Check one:</b>	<b>Applying for:</b>
<input type="radio"/>	Full Midwifery School
<input type="radio"/>	Individual Courses
<input type="radio"/>	Staff, Associate, Volunteer
<b>Course:</b>	Your First Course
Start Date:	_____
Location:	_____
Another Course:	_____
Start Date:	_____
Location:	_____

**Your passport type  
PHOTO**

Submit a current image, no more than 6 months old, by email [LifeReaching@gmail.com](mailto:LifeReaching@gmail.com) or 3 prints by mail to 7362 Remcon Circle, El Paso, TX 79912 USA

### Personal Information

Full legal name: \_\_\_\_\_  
Last First Middle/Maiden

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Current address (if different): \_\_\_\_\_  
\_\_\_\_\_

Telephone/Mobile: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Email address: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Any other contact: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Female or Male Nationality: \_\_\_\_\_

ID/Passport Number: \_\_\_\_\_ Passport Nation: \_\_\_\_\_ Expires: \_\_\_\_\_

Emergency contact information: \_\_\_\_\_  
Name ♂ Relationship

Best method to contact, including telephone number

## Family Information

Marital Status: \_\_\_\_\_ If married, Spouse's name: \_\_\_\_\_

Do you have dependant children? Yes / No If so, what ages will they be when you join the program? \_\_\_\_\_

If you do not live in El Paso, TX, do any family members need to accompany you in the program? Yes / No If so, who: \_\_\_\_\_

Please consider the following before enrolment. The midwifery school is a two year academic school with several months studying coursework in El Paso, TX, each year. Students are expected to work as interns with preceptors between coursework, followed by a one year midwifery residency to complete their studies and experience. There are course fees for each of the three years. Your school fees do not normally cover meals, transportation, accommodations, books, your equipment or preceptor fees for verifications outside of the school.

## Religious Faith

Do you practice any religious faith or spirituality? Yes / No Please indicate: \_\_\_\_\_

Are you a practicing Christian? Yes / No Please indicate any church affiliation: \_\_\_\_\_

Church home: \_\_\_\_\_ How long attended: \_\_\_\_\_

Address: \_\_\_\_\_ Leader/Pastor: \_\_\_\_\_

Are you currently ordained or licensed as a minister? Yes / No Please Specify: \_\_\_\_\_

Specify any areas of service or leadership you have in your church: \_\_\_\_\_

Have you had cross-cultural or missions experiences? Yes / No Please explain: \_\_\_\_\_

## Education, Employment and Skills

What languages do you speak and to what fluency? \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Post High School / Secondary School programs attended: \_\_\_\_\_

Served in the Military? Yes / No Specify area and years: \_\_\_\_\_

Present Employer and Occupation: \_\_\_\_\_

Occupational Skills and years of Experience: \_\_\_\_\_

Other skills, hobbies, talents: \_\_\_\_\_

## Financial Information for Training Programs

Fees do not usually cover accommodations, food, preceptor fees outside of the onsite school, transportation, air fare to or from educational sites or field assignments, visas, work permits, books or equipment. Please ask about these expenses if they have not been made clear to you.

Students are expected to have fees completely covered before arrival or arrangements made for payment.

Do you have the total program fees for current course/year? Yes / No

If not, please contact us for the cut-off date and any applicable resolution for the balance of your fees.

Call our Office 1.915.225.2257 ask for Ms Consuelo York

## Certifications and Agreement

I certify that all information provided in this application, and all additional forms, is complete and accurate. If I am accepted by the University of the Nations (UofN) LifeReach Campus I will abide by the guidelines, rules and schedule of the organization.

I understand that payment of any required fees and/or tuition for training must be paid before arrival. I am also fully aware of my financial obligations, committing myself to expeditiously paying all personal expenses incurred during my involvement with the UofN LifeReach Campus and its associated programs.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please tell us how you heard about University of the Nations LifeReach Campus and its programs?

Please list any special needs or circumstances we should be aware of:

## References

Please provide contact information for your references (minimum two):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone/Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Have you discussed this recommendation with them? \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone/Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Have you discussed this recommendation with them? \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone/Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Have you discussed this recommendation with them? \_\_\_\_\_

## Guidelines for Completing Application/Registration Process & Forms

- **Application and Program specific forms.** Please answer every question. If something does not apply to you just mark it N/A. Use additional sheets to record answers as needed.
- **Background check.** Each applicant is expected to have a background check. If you have a current one (within the past two years), you may submit it. Otherwise please email [lifereaching@gmail.com](mailto:lifereaching@gmail.com) for further instructions.
- **Fees.** Please see current flyers or email regarding current fees and tuition. The Application and Registration fees are refundable within 72 hours after submission. Fees may be paid by cash, check, money order, credit or debit cards to **LifeReach International**.
- **Confidential Health Form.** This form should be signed and dated. You may also need to get a physician's release signed but we will advise if that is needed.
- **Consent for Treatment, Liability release, Burial on the Field & Covenant of Conduct.** Each applicant should sign these forms in order to fully join any of the courses which may take place internationally, such as field assignments. If the applicant is under eighteen years of age, a parent or guardian must also sign the forms and may be required to accompany the young student into the field assignment.
- **References. Who can recommend you?** Applicants are asked for at least two people who can vouch for them as a person of excellent character, stability, skill, faith and compassion.
- **Supplemental Questions for Specific Programs.** Most programs have a set of questions associated with it. Please answer each question concisely providing additional information on a separate sheet as needed.
- **Submission of Forms and additional information.** You may scan and email documents to begin the application process, but we must also receive the original document signature pages before the program begins.
  - **Checklist for submission**
    - General Application Form
    - References
    - Proof of Education, \*High School graduation and any further education
    - Photographs
    - Passport and/or official government identification
    - Background Check
    - \*Cardiopulmonary Resuscitation Certification
    - Fees submission
    - Confidential Health Form with Insurance information
    - Consent for Treatment & Liability Release (must be notarized)
    - Statement regarding Burial must have two witnesses
    - Student, Associate and Volunteer Covenant of Conduct
    - Supplemental Questions/Information (only for your specific areas of interest):
      - Doula/Labour Companion and Childbirth/Antenatal Educator
        - Student Midwives & Assistants
      - Midwife-Teacher Development
        - Credentialed Midwives
      - Associates & Volunteer opportunities

Please forward your submission to:

University of the Nations LifeReach Campus  
7362 Remcon Circle, El Paso, TX 79912 USA

Fax 1.915.845.3405

[Lifereaching@gmail.com](mailto:Lifereaching@gmail.com)

## Confidential Health Form

(This will be on file at your field location as well)

Name: \_\_\_\_\_ Program applying to: \_\_\_\_\_

Emergency contact information: \_\_\_\_\_  
Name & Relationship

\_\_\_\_\_  
 Telephone or best method of contact

It is a requirement that all participants have insurance. If you do not, we may be able to make suggestions but it is your responsibility to procure before your arrival and to notify us of the:

Medical Insurance Company Name \_\_\_\_\_

Insurance card # \_\_\_\_\_

Telephone contact or instructions: \_\_\_\_\_

**Personal Health History** - please circle any of the following conditions that you have had, or currently suffer from:

This program will require good health and endurance.

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li>• Skin conditions</li> <li>• Eye trouble</li> <li>• Ear trouble</li> <li>• Head injury</li> <li>• Recurrent headache</li> <li>• Epilepsy</li> <li>• Fainting spells</li> <li>• Mental / Nervous disorders</li> <li>• Weakness</li> <li>• Paralysis</li> <li>• Insomnia</li> <li>• Allergies                             <ul style="list-style-type: none"> <li>• Penicillin</li> <li>• Other- Specify _____</li> <li>• Food- Specify _____</li> <li>• Other _____</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Shortness of breath</li> <li>• Hay Fever / Asthma</li> <li>• Heart trouble</li> <li>• High blood pressure</li> <li>• Low blood pressure</li> <li>• Rheumatism / Arthritis</li> <li>• Back problems</li> <li>• Dislocation of joints</li> <li>• Broken bones</li> <li>• Eating disorders                             <ul style="list-style-type: none"> <li>• Anorexia Nervosa</li> <li>• Bulimia</li> </ul> </li> <li>• Surgery                             <ul style="list-style-type: none"> <li>• Appendectomy</li> <li>• Hernia repair</li> <li>• Tonsillectomy</li> <li>• Other- specify _____</li> </ul> </li> <li>• Stomach/Duodenal Ulcer</li> </ul> | <ul style="list-style-type: none"> <li>• Gall bladder problems</li> <li>• Jaundice</li> <li>• Hepatitis</li> <li>• Intestinal troubles</li> <li>• Recurrent diarrhea</li> <li>• Diabetes</li> <li>• Kidney Disease</li> <li>• Anemia</li> <li>• Venereal Disease</li> <li>• HIV / AIDS</li> <li>• Tumors/Cancer</li> <li>• Females only:                             <ul style="list-style-type: none"> <li>• Irregular periods</li> <li>• Severe cramps</li> <li>• Excessive flow</li> <li>• Pregnant now ~<br/># of weeks ___ Due Date: _____</li> </ul> </li> </ul> |
|---|---|--|

**Please explain anything that you circled using another sheet as needed.**

Are you currently under a doctor's care for any condition? • Yes • No (specify) \_\_\_\_\_

Are you taking any medication at this time? • Yes • No (specify) \_\_\_\_\_

Any physical handicaps or health conditions which require special attention? • Yes • No (specify) \_\_\_\_\_

Do you have a history of emotional instability or psychiatric treatment? • Yes • No (specify) \_\_\_\_\_

Are you • overweight • underweight \_\_\_\_\_ Pounds/Kg over/under    Blood Type: \_\_\_\_\_

Would you rate your health condition as:    • Excellent    • Good    • Fair    • Poor

**Communicable Diseases/Immunizations**

Have you been exposed to, or have, any of the following:

• Chickenpox • Mumps • Pertussis • Measles • Tuberculosis • Scarlet Fever • Other (specify) \_\_\_\_\_

It is your responsibility to contact CDC or your local health office to verify country specific recommendations for immunizations and anti-malarial medication advise. Most field locations suggest protection from Hepatitis and Tetanus.

Are you up-to-date on needed immunizations? • Yes • No Date compliant: \_\_\_\_\_ "Records may be required of you."

Are there any other conditions/situations, we need to be aware of? \_\_\_\_\_

Date: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_

## Consent for Treatment during Emergency Care

(Sign in front of a Notary Public)

I/We hereby agree to the performance of such treatments, anesthetics, and surgical operations as is deemed necessary, in the opinion of the attending physician for:

Applicant's full name: \_\_\_\_\_

Date: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian name, signature and relationship: \_\_\_\_\_

(If applicant is under 18 yrs)

## Liability Release

(Sign in front of a Notary Public)

I/We hereby release University of the Nations and LifeReach International, its agents, associates, employees and volunteer assistants from any liability whatsoever, arising out of any injury, damage, or loss, which may be sustained by said person during the course of involvement with the UofN LifeReach Campus and/or its educational programs.

Date: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian name, signature and relationship: \_\_\_\_\_

(If applicant is under 18 yrs)

## Notary Public

Date:

## Statement Regarding Burial on the Field

Although it is most unlikely that any volunteer, staff, associate or student with the UofN LifeReach Campus will pass away during their time of service and involvement on the field (away from their native country), some existing laws regarding burial make it necessary to consider this possibility prior to traveling abroad. On some locations where the UofN LifeReach Campus works, interment must take place within 24 hours of death, especially if there is no way of preserving the body. It is often impossible to make arrangements for returning the body to the home country, and interment must take place on location.

Often, when arrangements to return the body to the home country can be made, it is very expensive and some countries require that a living person accompany the deceased. For that reason, we cannot guarantee the return of the body of the deceased to their home country by the UofN LifeReach Campus personnel.

Signing this form does not mean that you cannot be buried at home if you so desire. We will contact your family concerning their preferences. This form releases the UofN LifeReach Campus from liability if your family is not willing to pay the costs, or if we are unable to contact them within the required amount of time.

Please discuss this with others you trust and signify your consent with witnesses, as follows:

**In the event of my death away from my homeland, I give my permission to be buried in the country of my service.**

Applicant's full name (printed): \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Parent/Guardian (if applicant is under 18 years of age)

Printed name and relationship: \_\_\_\_\_

Contact information including telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Witness 1

Printed name and relationship: \_\_\_\_\_

Contact information including telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Signature of Witness 1:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Witness 2

Printed name and relationship: \_\_\_\_\_

Contact information including telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Student, Associate, and Volunteer Covenant of Conduct

The UofN LifeReach Campus is a Non-Profit, Christian faith-inspired educational institution. We endeavor to make your participation, learning experiences and service very meaningful. Our programs are designed to encourage you in your walk with the Lord Jesus Christ as you help others. It is our desire that your experience will be enjoyable and challenging. Understand that developing spiritually requires taking responsibility for your own life and conduct, as both will show the character of Christ in you to others. With that in mind, please read the following statements and sign as indicated.

- A) **I will maintain the highest moral standards and personal Christian example.** The Bible says that Christians should think on things that are excellent, and avoid the appearance of evil; therefore Refraining from use of obscene or vulgar language and behavior, abstaining from pornography, abuse of alcohol or drugs, use and/or possession of any type of illegal drugs, as well as use of tobacco.
- B) **I will exercise caution and restraint regarding anything that would distract me from my goals in service with the UofN LifeReach Campus.** I will intentionally avoid music and media that mocks God, uses profane language or promotes or describes immorality. Media influences often distract us from developing meaningful relationships, thinking clearly, and reflecting on how to develop a deeper walk with the Lord Jesus Christ.
- C) **I will respect requests to meet the terms of the dress code standards of each location.** Neat and modest clothing must be worn at all times, especially as you attend your field assignment locations. Therefore you should strive to respect others and yourself by wearing appropriate clothing while participating with the UofN LifeReach Campus nationally and internationally. Including, but are not limited to: longer shorts and skirts, jeans that are not tight or have holes in them, blouses covering the midriff and shoulders and wearing appropriate underclothing. Regarding tattoos and piercings, one should cover them and/or remove jewelry according to your leaders' requests, especially during client care and traveling to other cultures where they may not be received well. Field assignment locations will usually have specific clothing/uniform requirements which will be communicated to you as promptly as possible for your preparation.
- D) **I will endeavor to be self-disciplined and accept personal responsibility to "live as unto the Lord Jesus".** I will be prompt in attendance in classes and all associated activities. I will keep myself, my belongings and my accommodations neat and clean. I will respect the property, privacy, and rights of others. I will demonstrate respect toward my fellow classmates, field participants, staff, guests, and those in the community. And I will seek to have a positive influence on those around me.
- E) **I will abide by the guidelines set forth by the UofN LifeReach Campus and its program leaders.**

My signature indicates my desire to grow spiritually, to learn, to benefit others, and to make the most of my experiences with the UofN LifeReach Campus and any programs of study I am involved in.

Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



## Supplemental Questions for Doula (Labour Companions) & Childbirth Educators

Please outline why you would like to be involved in mother and newborn health and support?

Why do you think you would be a good labour companion/doula and/or Childbirth Educator? What type of practice would you like to have?

Please outline any experiences you have had with pregnancy, labour, birth, newborn babies, postpartum care, teaching and supporting families.

What did you enjoy and what did you dislike in these experiences?

What is your level of knowledge of pregnancy, labour, helping labouring women, birth and baby care?

Do you have any certifications or educational credit? Please specify.

Are you enrolled in, or have taken a doula or childbirth educator course? Please specify.

Are you following specific guidelines to be certified in either? If so, please provide documentation from your program.

What are your expectations from taking this program? If specific forms and validations are expected, you must communicate that in advance and may need to submit forms before admission.

## Supplemental Questions for Student Midwives & Assistants

Please outline why you would like to become a midwife? Why do you think you would be a good midwife? What type of practice would you like to have?

Please outline any experiences you have had with pregnancy, labour, birth, newborn babies and after birth care of mothers. **See charts below.**

What did you enjoy and what did you dislike in these experiences?

What is your level of knowledge of basic midwifery and healthcare?

Do you have any certifications or educational credit? Please specify.

Are you enrolled in a midwifery program? Are you following specific guidelines to credential you as a legal practicing midwife? If so, please provide appropriate documentation from your program.

What are your expectations from taking this program? If specific forms and validations are expected, you must communicate that in advance and may need to submit forms before admission.

Are you a YWAM missionary? Where and what year did you do your DTS? Have you taken any additional YWAM programs... BAS, IPHC?

Do you have certification as a Childbirth Educator or Doula? Organization and Date?

### Birth Experience

Attended births as an Observer, Assistant Under Supervision, or Primary under Supervision from \_\_\_\_\_ (month) \_\_\_\_\_ (year) to \_\_\_\_\_ (month) \_\_\_\_\_ (year).

Births	Home	Free-standing Birth Center	Hospital Birth Center	Hospital	Totals
As Observer					
Assisting					
Primary under Supervision					
Primary/Co-Primary					
Totals					

### Birth-Related Experience

Activity	Home	Free-standing Birth Center	Health Clinic or other Location	Hospital	Totals
Prenatal exams					
Initial exams					
Postpartum exams					
Newborn exams					
Continuity of Care Clients					

## Supplemental Questions for Midwife-Teacher Development Programs

Please give details of your general education and language fluency.

Please give details of your midwifery education and achievements.

How long has it been since you completed your basic midwifery training?

What is your practice experience since your basic midwifery training?

Please give details (may also need copies) of current licenses, continuing education, peer review and personal protocols.

Why do you wish to teach midwives?

Please give details of any experience you have of mentoring students.

What did you enjoy and what did you dislike in this process?

Are you a YWAM missionary? Where and what year did you do your DTS? Have you taken any additional YWAM programs... BAS, IPHC?

Do you have certification as a Childbirth Educator or Doula? Please specify organization and dates?

Have you taken any advanced midwifery training or gained midwifery experience above basic services? If so, please give details and provide applicable documentation.

## Midwife-Teacher Self Assessment

The following checklist can be used as a self-assessment form or as part of teacher assessment profile. The skills list is extended to include the knowledge that the teacher must possess to practice this skill to the level required and the attitudinal skills required to underpin the practice.

Skill	Knowledge	Attitude	Always	No	Unsure
<b>Practice all clinical midwifery skills to mastery level</b>	Biological and social sciences underpinning midwifery to advanced level Midwifery subjects to advanced level Applies research findings in practice	Reflective practitioner Empathetic Women and newborn focused Applies professional ethics			
<b>Conduct simple Research using qualitative and quantitative methodologies</b>	Basic epidemiology Basic statistics Analytical framework Research resources	Thorough Thoughtful Analytical			
<b>Teach students effectively</b>	Learning styles Teaching and training methodologies: . classroom . clinical	Patient Good sense of humour Logical			
<b>Assess students fairly</b>	Assessment strategies	Considerate Develops rapport easily			
<b>Clear accurate, concise report and record keeping</b>	Report writing National legislation on record keeping	Careful Truthful Accurate			
<b>Management</b>	Educational management theories Timetabling and scheduling Curriculum design and development Curriculum monitoring Curriculum evaluation	Trustworthy Collaborative Methodical Calm			
<b>Good communicator</b>	Communication techniques Presentation methodologies Listening techniques Counseling techniques	Person-centered			
<b>Inter-cultural competence</b>	Cultural taboos and customs Cultural identity	Respectful			

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Please bring this sheet with you. We will cover this in our seminar.

## Supplemental Information for Applicants who desire to join the UofN LifeReach Campus in any capacity

The UofN LifeReach Campus is a Non-Profit Christian based institution which is staffed with volunteers and missionaries. As missionaries and volunteers, we follow Christ in faith that He will bring about the resources needed for both ministry services and personal ministry expenses. Each member of the team is associated with organizations, churches, friends and family who help support the missionaries as God may lead and members do not receive a salary. This model of missions ministry allows our funding to be resourced as needed to support the purposes and focus of our work.

### An Invitation to the Nations!

The UofN LifeReach Campus needs your help! We invite qualified missionary staff to join our location to teach students, to travel the world to influence the healthcare in other nations and to sharpen your own skills in ministry!

Our first desire is to teach missionaries how to use mother and newborn healthcare to impact mothers, communities and nations with the Gospel of Jesus Christ. This is a unique ministry that can open doors and bring you into homes and facilities to share God's character and hope!

### Service Opportunities

#### Midwives & Nurses

**1) Midwives and nurses who will serve the nations through the El Paso, Texas, USA, community outreach programs and local oversight of student clinical experiences.**

We need midwives and nurses to move to the El Paso area and get their state professional licenses to serve ladies locally. That means you would be "in practice", participating in individual and group care, home births, possibly clinic set-up...

The foundational services and office locations have been set up for you to join us and clients are awaiting you to show them Jesus!

5 year commitment expected.

**2) Midwives and nurses who teach didactic and clinical coursework in El Paso and in other nations (traveling with or meeting schools on their field assignments).**

We need those who can primarily serve the midwifery school. For the school, you may be required to get your local license and still need to carry current credentials as a professional health care provider that permits you to be a preceptor here and in other nations. The school is three years but is not a "full time", residential program. We facilitate one six to eight month program per year, with students being entrusted to preceptor midwives and health care providers in various locations (USA & other nations) between on-site courses. You would be expected to follow through with one class until their graduation; this gives our students a sense of continuity that is similarly valued by our midwifery clients.

3-5 year commitment expected.

**3) Visiting Midwives and nurses who teach coursework in El Paso and possibly in other locations.**

We need midwives and other health care providers who can teach specific subjects throughout the three years. This is a shorter commitment but can be in the USA or other nations; didactic or clinical!

Commitment expectation varies from short, single classes, one week intensives, up to six week seminars

#### National Coordinators for Program Facilitation

Each nation we visit and serve has many, diverse guidelines for healthcare provision and registration of health care professionals. There are also many cultural, unspoken rules of conduct that we need to follow before, during and after effective program service. We need more National Coordinators who are willing to investigate the system and facilitate legal entry and service for their nation. Some missionary locations and personnel are willing and able. And we need more assistance in this area! In fact, there are nations that we have several connections in but no breakthrough. Usually the first to breakthrough is the first location we attend and hold additional courses!

## Public Relations Staff

Able to promote ministry, opportunities, seeking out international connections

## Director's Assistant

Ability to communicate well, taking full advantage of social media and local business and ministry resources, and assisting coordination of many local programs and projects

## Program Assistants

Dedicated to the midwifery school and staff; commitment may be for only one program but preferably available for 2-3 years both national and international settings. We are accepting untrained as well as trained apprentices as Program Assistants.

## Credentialed Health Care Providers, Doulas, Childbirth Educators and other Volunteers

Are you able to serve our local multicultural population or travel to other locations to serve?

Because our midwifery-missions core was established with the Institute for the Nations, preference is given to those who have graduated from the Birth Attendant School series facilitated by Institute of the Nations in Perth, Australia. Please connect with Consuelo (MidwifeYork@gmail.com) as soon as possible.